


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90110 026 ****61.25

DOCUMENT # 760179 1. Entity Name WEST CITRUS SOCCER CLUB, INC.					
Principal Place of Business 4510 S. GRANDMARCH A. HOMOSASSA, FL 34446 US			Mailing Address WILLIAM'S, MCRANIE, SUTTON, PA 154 S.E. 7TH AVE CRYSTAL RIVER, FL 34429 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01202006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2445681	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLS, RAY 1 W. WINGED FOOT CT HOMOSASSA, FL 34446			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WELLS, RAY 1 W. WINGED FOOT CT HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIKE CALLAWAY 622 W. STARJASMINE PL BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLEMING, RALPH 421 N. DUNKENFIELD AVENUE CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEITH CONSOL 7749 W INN LANE HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELLS, RAY 1 W. WINGED FOOT CT HOMOSASSA, FL 34447	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANITA-CONSOL 7749 W INN LANE HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCNALL, CRAIG 2527 W. ELM BLOSSOM ST. BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAY WELLS 1 WEST WINGED FOOT CT. HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONSOL, DANITA 7749 W. INN LANE HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <u>RAY WELLS</u> 2/27/06 352-322-1819 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					